

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

TYREEN E WRIGHT

Write the full name of each plaintiff.

NEW YORK CITY HOUSING AUTHORITY

-against-

CV

(Include case number if one has been assigned)

Do you want a jury trial?

Yes No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Tyreen	E	Wright
First Name	Middle Initial	Last Name
611 Wythe ave apt 3d Brooklyn		
Street Address		
Kings	N.Y.	11249
County, City	State	Zip Code
929-395-9779	wrighttyreen43@yahoo.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	NEW YORK CITY HOUSING AUTHORITY	
Name		
90 Church Street 11th Floor		
Address where defendant may be served		
New York	NY	10007
County, City	State	Zip Code
Defendant 2:		
Name		
Address where defendant may be served		
County, City	State	Zip Code

Defendant 3:

Name		
Address where defendant may be served		
County, City	State	Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:
NEW YORK CITY HOUSING AUTHORITY

Name 611 Wythe Ave		
Address New York	NY	10007
County, City	State	Zip Code

III. CAUSE OF ACTION

A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- race: _____
- color: _____
- religion: Did not give me my religious service
- sex: _____
- national origin: _____

- 42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: **ADHD PTSD** _____

- Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: **ADHD PTSD** _____

- Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- did not hire me
- terminated my employment
- did not promote me
- did not accommodate my disability
- provided me with terms and conditions of employment different from those of similar employees
- retaliated against me
- harassed me or created a hostile work environment
- other (specify): Illegally terminated me Without due process rights

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

The defendant did not give me my religious services when I came back to work from Medical leave then. They Fired me

Illegally without due process rights on may 28 2019 Then they did not give me my rights to reinstatement from disability

Leave I have proof of all of this I told my supervisor I had ADHD and she said it's many people that works for the housing

That's Retarded I made a Internal EEO Complaint and the supervisor was ordered to do training and was given a verbal

Counseled regarding the negative comment she made I have the proof of this..

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

- Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 5-23-18

- No

Have you received a Notice of Right to Sue from the EEOC?

- Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/30/2020

When did you receive the Notice? 10/3/2020

- No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

- direct the defendant to hire me
 direct the defendant to re-employ me
 direct the defendant to promote me
 direct the defendant to reasonably accommodate my religion
 direct the defendant to reasonably accommodate my disability
 direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Back Wages pain and suffering and Mental anguish money

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/27/2020



Plaintiff's Signature

Dated		
Tyreen	E	Wright
First Name	Middle Initial	Last Name
611 Wythe Ave Apt 3D		
Street Address		
Brooklyn	NY	11249
County, City	State	Zip Code
929-395-9779	Wrighttyreen43@yahoo.com	
Telephone Number	Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Tyreen E Wright
611 Wythe Avenue
Apt #3D
Brooklyn, NY 11249

From: New York District Office
33 Whitehall Street
5th Floor
New York, NY 10004



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2019-04156

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

September 30 2020

Enclosures(s)

Judy A. Keenan,
District Director

(Date Mailed)

cc: NYC HOUSING AUTHORITY
Attn: General Counsel – Law Department
250 Broadway
9th Floor
New York, NY 10007

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.
If you also plan to sue claiming violations of State law, please be aware that time limits and other
provisions of State law may be shorter or more limited than those described below.)*

**PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA),
the Genetic Information Nondiscrimination Act (GINA), or the Age
Discrimination in Employment Act (ADEA):**

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10 -- not 12/1/10** -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.

GOVERNMENT AGENCIES WHICH ADDRESS COMPLAINTS OF EMPLOYMENT DISCRIMINATION

Any employee or applicant for employment that believes he or she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below. A person does not give up this right when a complaint is filed with the Department of Equal Opportunity. The following federal, state and local agencies enforce laws against discrimination:

NEW YORK CITY COMMISSION ON HUMAN RIGHTS

22 Reade Street, 18th Floor
New York, New York 10007
(212) 306-7560

NEW YORK STATE DIVISION OF HUMAN RIGHTS

(MAIN OFFICE – NO COMPLAINTS – INDIVIDUALS WITH COMPLAINTS ARE USUALLY GIVEN ADDRESS/TELEPHONE NO. OF NEAREST LOCATION TO INDIVIDUAL)

1 Fordham Plaza
Bronx, New York 10458
(718) 741-8450

163 West 125th Street, 4th Floor
New York, New York 10027
(212) 961-8650/51/52

55 Hanson Place, Room 304
Brooklyn, New York 11217
(718) 722-2856

175 Fulton Avenue, Suite 211
Hempstead, New York 11550 (LONG ISLAND)
(516) 538-1360

UNITED STATES EQUAL OPPORTUNITY COMMISSION

New York District Office
33 Whitehall Street, 11th Floor
New York, New York 10004
(212) 336-3620

Note: There are statutory deadlines for filing complaints with each of the agencies listed above. Employees are advised to contact the respective agency where they wish to file a complaint in order to find out the applicable deadline.

I affirm that I have read the complaint of alleged discrimination and that it is true, to the best of my knowledge, information and belief. I affirm that I have read the above notice concerning my rights to file a complaint with federal, state and local civil rights enforcement agencies.

5-23-18

Date

Wendy [Signature]
Complainant's Signature

FOR OFFICE USE ONLY

Date	EEO Intake
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Date Interviewed _____	By _____	NJL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Based on the foregoing, the DEO makes the following recommendations as a preventative measure and to reinforce EEO compliance:

1. Mr. Wright be provided information on how to file a reasonable accommodation for his ADHD disability.
2. Mr. Wright be provided information on how to update his religious accommodation to include use of indoor space to perform his prayers.
3. Ms. Gaskins should be verbally counseled regarding the negative comment she made in response to Mr. Wright's disability.
4. Ms. Gaskin and Mr. Sharpe be provided a refresher training on Reasonable Accommodation and FMLA leave. Coordinate with Human Resources to receive training and provide proof of completion to DEO.
5. Management must coordinate a muster to inform all staff about the process of Reasonable Accommodation and Religious Accommodation, and review all relevant NYCHA EEO, Fair Housing, and Sexual Harassment Prevention policies. Proof of attendance should be provided to the DEO.

Please respond to my recommendation within 30 calendar days from the date of this memorandum. Should you disagree with these DEO recommendations, in whole or in part, you must inform the DEO of what alternative remedial action you intend to implement within ten (10) calendar days of this DEO determination.

As a reminder, failure to respond to this request will result in notification to EVP of Operations.
Cathy Pennington.

As a reminder, retaliation for filing a complaint, reporting allegations of discrimination, or participating as a witness in a DEO investigation is strictly prohibited and any retaliatory action will be subject to appropriate disciplinary action.

MQR/sm

SSN 069-64-6934

Exhibit 3



NEW YORK CITY HOUSING AUTHORITY
90 CHURCH STREET • NEW YORK, NY 10007

TEL: (212) 306-3000 • <http://nyc.gov/nycha>

Kathryn Garcia
Interim Chair & Chief Executive Officer

June 3, 2019

Certified Mail: 7018 0360 0001 8476 7284

Tyreen E. Wright
611 Wythe Ave Apt 3D
Brooklyn, NY 11249

ID Card#: 81606

Workers' Compensation-1 year absence

Dear Mr. Wright:

This is to advise you that you have been terminated effective **May 28, 2019**, from your position with the New York City Housing Authority because you had been absent for a total of **one year** by reason of disability.

However, if you are a pension member, your termination will not prevent you from being considered for disability retirement by the New York City Employees' Retirement System (NYCERS). However, your disability retirement application must be filed with NYCERS within 12 months of the date of this letter.

If you have not already done so, you must immediately return your identification card and any other Authority equipment you may have been issued to the Office of Security, 90 Church Street, 9th Floor, New York, NY 10007, Attention: Photo ID Unit.

If interested in employment with NYCHA in the future, you may reapply by visiting www.nyc.gov/jobs to view and apply for positions.

Sincerely,

Nicole Van Gendt
Director of Human Resources Department

NV:WA:so

c: D. Cave, Acting Director of Brooklyn Property Management,
Brooklyn Property Management Department
M. Lawrence, Property Manager, Stuyvesant Gardens
Personnel File

Sent First Class and Certified



NYCHA 015.336

Employee ID#
81606

Termination of employees who are absent without leave

PERSONNEL SERVICES BULLETINS (PSBs)

200-4

Subject: Termination of employees who are absent without leave

Supersedes: Personnel Policy and Procedure No. 783-87

Source: City Personnel Director Rule 6.4.3; Civil Service Law Section 75

Date: March 21, 1997

I. Background

City Personnel Director Rule 6.4.3 provides that if an employee is absent without leave (AWOL) for a period of twenty consecutive work days and fails to communicate with his/her employing agency in a manner prescribed by that agency, then such an absence shall be considered a resignation unless the appointing officer accepts an explanation. The rule also provides an employee absent without leave who is covered by Section 75 of the Civil Service Law is entitled to certain disciplinary rights. Section 75 applies to permanent, competitive class employees. It may also apply, under limited circumstances, to employees serving in positions in other classes of the classified service. In addition, employees not covered by Section 75 may be entitled to disciplinary rights under their collective bargaining agreements.

II. Procedure

A. Employees Not Covered by Section 75 of the Civil Service Law

1. The agency shall send the employee written notification that he/she is deemed to have resigned effective the first day of the absence, unless the employee offers an explanation for his/her unauthorized absence that is acceptable to the appointing officer.
2. The agency shall state the basis for the determination in the letter and enclose a copy of City Personnel Director Rule 6.4.3.
3. Such absence shall constitute a cause for action against an employee who is entitled to disciplinary appeal rights by virtue of a collective bargaining agreement. In such cases, follow the procedure set forth in the agreement.

B. Employees Covered by Section 75 of the Civil Service Law

1. The Agency Disciplinary Advocate shall commence proceedings subject to the provisions of Section 75 of the Civil Service Law.
2. Employees can be deemed to have resigned only after the notice and hearing provisions contained in Section 75 of the Civil Service Law.
3. Employees who are in titles covered by collective bargaining agreements may choose to go under the disciplinary procedures provided therein. In such case they must waive their rights under Section 75.

C. Agency Responsibilities

Agencies are to ensure that all of their employees are informed, preferably in writing, of the manner in which absences are required to be reported to the agency, and are to take appropriate action, as above, when employees fail to comply.

From: Kelly Jones (DCAS)
Sent: Wednesday, May 16, 2018 11:03 AM
To: lyreenwright@yahoo.com
Subject: Probationary Period

Good Morning Mr. Wright,

This is in response to your correspondence regarding the probationary period.

Our records indicate that you were appointed to the Labor Class title of Caretaker with the New York City Housing Authority effective April 23, 2017 and your probation ended effective April 28, 2018.

If you have further questions regarding this matter, please contact your Human Resources Department.

We appreciate your time and effort in contacting us with your inquiry.

Kelly Jones | Interim Director, Civil Service Transactions

kjones@dcas.nyc.gov

NEW YORK CITY HOUSING AUTHORITY

Human Resources Department

Date:

2/30 AM

TO: Employment Division
 FROM: Records Control Division
 SUBJECT: RETURN TO WORK

RE: Tyreen Wright
 Employee's Name

Please reassign the referenced employee from

 Leave of Absence

pending/approved _____ leave from _____ to present.

 Compensation

Date of Injury

5-24-18

Date of Disability

5-25-18

Nature of Injury

PTSD

 Comments

Retro Fit Duty no restrictions
 Return on 5/24 Apprve to Start work on
 5/23/18

Seen by

Sheron O'Neill

Records Control Staff

3890

Extension

3:00 PM

Time Forwarded to Employment

EMPLOYEE INSTRUCTIONS

- Take this memo to your Supervisor for reassignment verification. You must report to your assigned work location on the Return to Work date as indicated. Failure to do so will result in not being restored to pay status. In addition, you may be considered AWOL.
- Upon returning to your work location, ensure that your Timekeeper immediately notifies Payroll to "Stop Pay Suspension". This confirms that you will be restored to Payroll.

I have read and understand the above

Jean Akers
Employee's Signature

Date

5-22-19

NOTE: If "Comments" above state "Annual Leave to Cover", disregard Item 2.

THE REFERENCED EMPLOYEE HAS BEEN CLEARED BY HUMAN RESOURCES TO RETURN TO WORK.

Return to Work on <u>5/24/19</u>	Location <u>Park Rock</u>	Supervisor Advised of Findings on <u>5/24/19</u>
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Comments

New location
New PCN # 22307

Jean Akers 5/23/19

Name and Extension of Interviewer

Sonia Soto 3027

Distribution:

Original - Employment Division

Yellow - Records Control Division matching



To whom it may concern.

May 27, 2019

Tyreen Wright is a Muslim and a member of our organization. Performing five daily prayers and participating in *Jum'ah* (Friday service) is mandatory according to Islamic scripture. Our Lord has stated in the Noble Quran Chapter 51 verse 56 "*He did not create the Jinn nor mankind except to worship Him (Allaah).*" Our Lord also stated in chapter 62 verse 9 of the Noble Quran, "*O you who believe, when the call for prayer (Friday Jumuah) has been made, hasten to the remembrance of Allaah and leave off all business.*" The aforementioned scriptures mandates that all Muslims adhere to the call of prayer five times a day and observe *Jum'ah* (Friday Service) at its prescribed times. We would greatly appreciate you accommodating Mr. Wright by allowing him to perform his five obligatory prayers and participate in Friday services. If you have any questions, please contact me at (718) 791-3606. Thank you in advance for your assistance.

Mahmoud Jennings

A handwritten signature in black ink, appearing to read "Mahmoud Jennings".

Imam Masjid al-Ihsaan



**NEW YORK CITY DEPARTMENT OF
CITYWIDE ADMINISTRATIVE SERVICES**

Office of Medical Appeals and Reinstatements
1 Centre Street 21st Floor
New York, New York 10007
PHONE: (212) 386-1704 FAX: (212) 313-3296 E MAIL: mar@dcas.nyc.gov

**EMPLOYEE MEDICAL HISTORY & MEDICAL PROVIDER'S
CERTIFICATION**

For Reinstatement From Disability Leave

TO BE COMPLETED BY EMPLOYEE'S PERSONAL MEDICAL PROVIDER

MEDICAL HISTORY
& STATUS OF:

EMPLOYEE NAME

Tyreen Wright

CIVIL SERVICE TITLE

Care Taker G

AGENCY

NYCHA

PLEASE WRITE CLEARLY – ATTACH ADDITIONAL PAGES TO THIS FORM IF NECESSARY

STATE NATURE AND DURATION OF EMPLOYEE'S DISABILITY: Give diagnosis and fully describe the disability, treatment, and recovery related to his/her separation from employment.

Adjustment Disorder with anxiety & Depression

3/9/20

ETIOLOGY / CAUSATION:

DATE OF LAST EXAMINATION:

IN YOUR OPINION, IS THE EMPLOYEE'S DISABILITY PERMANENT? YES [] NO [X] (IF YES, PLEASE EXPLAIN)

IN YOUR OPINION, AFTER READING THE EMPLOYEE'S JOB SPECIFICATION, IS THE EMPLOYEE FIT TO PERFORM THE ESSENTIAL DUTIES OF HIS/HER POSITION & SHOULD BE REINSTATED? YES [X] NO [] (PLEASE EXPLAIN)

Symptoms have diminished. Ready to resume work full duty
IN YOUR OPINION, DOES THE EMPLOYEE REQUIRE A REASONABLE ACCOMMODATION TO PERFORM HIS/HER DUTIES?
YES [] NO [X] IF YES - PLEASE COMPLETE THE "REASONABLE ACCOMMODATION REQUEST FORM" YOU SHOULD
PROVIDE A TIMELINE OR AN END DATE FOR THE RESTRICTIONS PLACED UPON THE EMPLOYEE and PROVIDE DETAILS
OF RESTRICTIONS.

IMPORTANT

IMPORTANT

PLEASE ATTACH COPIES OF APPLICABLE SUPPORTING MEDICAL / PSYCH DOCUMENTATION:
(e.g. X-RAY / CT / MRI Reports, EKG / Stress / Blood Test results, Surgical or Psych Summaries, etc.)

MEDICAL PROVIDER'S CERTIFICATION: I affirm that I have personally examined the above named employee and am aware of the essential functions of his/her position. I understand that the employee has been placed on a leave of absence from that position because of disability. I understand that the information provided by me will be used to determine if the employee is now fit to perform the duties of that position and should be reinstated. By signing below I am certifying that the information provided is true and complete, and I understand that any false statements or misstatements may be punishable under section 210.45 of the NYC Penal Law, including fines. In addition, I understand that any false statements made will be reported to the NYC Department of Health, Office of Professional Medical Conduct.

Eli Isaacson, PsyD 015874

NAME OF MEDICAL PROVIDER(Please Print)

PROFESSIONAL LICENSE #

3/9/20

DATE

Howard M. Rombom, Ph.D., P.C.

310 East Shore Rd., Ste. 100

ADDRESS Great Neck, NY 11023

Tel 516-466-0444 Fax 516-466-0450

TELEPHONE NO.

NOTE TO THE MEDICAL PROVIDER: This form is being submitted in conjunction with an application for employment reinstatement pursuant to Sections 71-73 of the New York State Civil Service Law. The applicant will also be assessed by a Medical Officer designated by the NYC Department of Citywide Administrative Services. It is important that you, as the employee's personal medical provider, thoroughly and accurately complete the information above.



Citywide Administrative Services

**NEW YORK CITY DEPARTMENT OF
CITYWIDE ADMINISTRATIVE SERVICES**

Office of Medical Appeals and Reinstatements
1 Centre Street 21st Floor
New York, New York 10007

PHONE: (212) 386-1704 FAX: (212) 313-3296 EMAIL: mar@dcas.nyc.gov

**APPLICATION FOR REINSTATEMENT FROM
DISABILITY LEAVE**

TO BE COMPLETED BY EMPLOYEE

PURSUANT TO SECTION 71, 72 OR 73 OF THE NEW YORK CIVIL SERVICE LAW

INSTRUCTIONS:

ALONG WITH THIS APPLICATION FOR REINSTATEMENT, EMPLOYEE MUST INCLUDE:

- A DCAS MEDICAL HISTORY FORM FROM YOUR MEDICAL PROVIDER DATED WITHIN TWO (2) MONTHS OF THIS APPLICATION, STATING THAT YOUR DISABILITY HAS ENDED AND/ OR THAT YOU CAN NOW FULLY PERFORM THE ESSENTIAL TASKS AND FUNCTIONS OF YOUR POSITION.
- COPIES OF APPLICABLE SUPPORTING MEDICAL/ PSYCHOLOGICAL DOCUMENTATION CONCERNING YOUR MEDICAL HISTORY, DISABILITY, TREATMENT AND RECOVERY (RECENT AND RELEVANT TO YOUR SEPARATION FROM CITY SERVICE.) *ALL PROGRESS NOTES/SUMMARY REPORTS MUST BE LEGIBLE*
- A COPY OF THE LETTER FROM YOUR AGENCY THAT PLACED YOU ON A LEAVE OF ABSENCE OR TERMINATED YOUR EMPLOYMENT.

PLEASE COMPLETE THE INFORMATION BELOW AND MAIL WITH ATTACHMENTS TO:

Medical Appeals & Reinstatements, Department of Citywide Administrative Services ("DCAS")
1 Centre Street, 21st Floor New York, New York 10007, within one (1) year from the date your disability ended.

LAST NAME	FIRST NAME	DATE
<i>Wright</i>	<i>Tyreen</i>	<i>3/19/20</i>
ADDRESS	PHONE	
<i>611 Wythe Ave Brooklyn N.Y.</i>	<i>347-295-5402</i>	
CITY / TOWN	STATE	ZIP
<i>Brooklyn</i>	<i>N.Y.</i>	<i>11249</i>
SOCIAL SECURITY NUMBER	CURRENT EMAIL ADDRESS	
<i>069-64-6934</i>	<i>WrightTyreen43@yahoo.com</i>	
TITLE	DISABILITY/ REASON FOR SEPARATION	
<i>Caretaker G</i>	<i>PTSD</i>	
NOTATION FIELD (LEAVE BLANK)		
NOTATION FIELD (LEAVE BLANK)		

PLEASE NOTE:

SECTION 71-73 RIGHTS APPLY ONLY TO PERMANENT, COMPETITIVELY APPOINTED, EMPLOYEES OF THE CITY OF NEW YORK.

SECTION 71-73 RIGHTS DO NOT APPLY TO EMPLOYEES SERVING WITHIN THEIR PROBATIONARY PERIOD.

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